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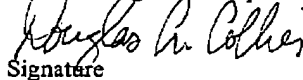
TO: United States Patent and Trademark Office  
COMPANY: Examiner Robert W. Amareld Jr., Art Unit 3738FAX NUMBER: 571-273-8300  
PHONE NUMBER:

FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333  
FAX NUMBER: (317) 636-1507

RE: Response to Restriction Requirement for U.S. Patent Application No. 10/768,797 to John T. Braun

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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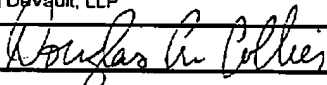
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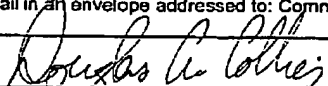
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10768,797	
	Filing Date	January 30, 2004	
	First Named Inventor	John T. Braun	
	Art Unit	3738	
	Examiner Name	Robert W. Amarel Jr.	
Total Number of Pages in This Submission	3	Attorney Docket Number	4002-3068/PC798.00

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Krieg Devault, LLP		
Signature			
Printed name	Douglas A. Collier		
Date	December 21, 2005	Reg. No.	43,556

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Douglas A. Collier	Date	December 21, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of:	)	Before the Examiner:
John T. Braun et al.	)	Robert W. Amareld, Jr.
Application Serial No.: 10/768,797	)	Group Art Unit: 3738
Filed: January 30, 2004	)	Ref. No. 4002-3068/PC798.00
ORTHOPEDIC DISTRACTION	)	December 21, 2005
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**RESPONSE TO ELECTION/RESTRICTION REQUIREMENT**

Commissioner for Patents  
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Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement dated November 23, 2005, please enter and consider the following remarks. No extensions of time or fees are believed due. However, please provide any extensions of time that may be necessary and charge any fees which may be necessary to Deposit Account No. 12- 2424, but not to include any payment of issue fees.

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December 21, 2005  
(Date of Transmission)

Douglas A. Collier  
Name of Registered Representative

*Douglas A. Collier*  
Signature

December 21, 2005  
Date of Signature

Response to Restriction Requirement  
Serial. No. 10/768,797  
Atty. Docket No. 4002-3068/PC798.00  
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